DETREX CORPORATION



P.O. Box 5111, Southfield, MI 48086-5111 October 16, 1990

TELEPHONE: (313) 358-5800

Express Mail

Region V Office U.S. Environmental Protection Agency 230 South Dearborn Street Chicago, IL 60604 Attn: Jill Lyon



Dear Ms. Lyon,

FAX: (313) 358-5803

Enclosed is the Part A revision for the TCLP additions we discussed on October 10, 1990. The submission of the attached application is in requirments with the TCLP modifications for facilities in intermin status.

If additional information is needed please call me at (313) 358-5800 ext. 371.

Sincerely,

William M. Moore, Jr.

illiam Morrough

Corporate Environmental Manager

RCRA Compliance

cc: I. Shamiyeh

M. Tepatti

R. Swan

Michigan DNR

Enclosure

MRC? JAFBUBD

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

(Read the "General Instructions" before starting.)

EMID 0 9 1 6 0 5 9 7 2

APPLICATION FOR HAZARDOUS WASTE TREATMENT, STORAGE OR DISPOSAL FACILITY CONSTRUCTION PERMIT OR OPERATING LICENSE

II. CONSTRUCTION PERMIT OR OPERATING LICENSE AP	PLICATION (check one)
A. CONSTRUCTION PERMIT APPLICATION	
XB. OPERATING LICENSE APPLICATION	
If this is an operating license applicat	ion, mark an X in the appropriate box:
1. FIRST APPLICATION (NEW FACILITY)	
2. A FIRST APPLICATION (EXISTING FACIL	.ITY)
3. RENEWAL APPLICATION	
4. APPLICATION FOR LICENSE REVISION	
5. RESEARCH, DEVELOPMENT & DEMONSTRA	TION LICENSE APPLICATION
IIL NAME OF FACILITY	
1) SKIP GOLD SHIELD SOLVENTS	10
IV. FACILITY CONTACT	
2 RONALD SWAN	S. PHONE (area code 4 no.)
V. FACILITY MAILING ADDRESS	13 13 14 91 14 3 3 0
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				ing the Committee Committee
Attach-to this application a topographic map of the area extending	to at least one n	mile beyond pr	operty boundaries.	The map must snow.
XI. MAP Attach-to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and	proposed intake	e and discharg	structures, each o	f its hazardous waste
Attach-to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in	i proposed intaki njects fluids undi	e and discharg	structures, each o	f its hazardous waste
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President

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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "TO4"), FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

(TO4) 4 DISTILLATION UNITS

2	_	2000	GPD	DETI	REX	STILLS		4000	GPD
1	_	3000	GPD	DCI	STI	LL		3000	GPD
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IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the rour—digit number from 40 CFR, Support D for each listed nazardous waste you will handle hazardous wester which are not listed in 40 CFR, Subport D, enter the four—digit number(s) from 40 CFR, Subport C that describes the charact tics and/or the toxic contaminants of those hazardous wester.
- B. ESTIMATED ANNUAL CUANTITY For each listed weets entered in column A estimate the quantity of that weste that will be handled on an an basis. For each characteristic or toxic contaminent entered in column A estimate the total annual quantity of all the non--listed weres(s) that will be handled possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column 8 enter the unit of measure code. Units of measure which must be used and the appropriated says.

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE	CODE
POUNDSP	KILOGRAMS	K
TONS	METRIC TONS	. , . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking account the appropriate density or specific gravity of the wests.

D. PROCESSES

1. PROCESS CODES:

For listed hexardous wasse: For each listed hexardous waste entered in column A select the code/s/ from the list of process codes contained in Item to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hexardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process oc contamined in lasm III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that post that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, if more are needed: (1) Enter the first three as described states: (2) Enter "000" in extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous westes that can be described more than one EPA Hazardous Wasta Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and error it in column A. On the same line complete columns 8,C, and D by estimating the total an
- quantity of the wests and describing all the processes to be used to treat, store, and/or dispose of the wests.

 2. In column A of the next line enter the other EPA Hazardous Wests Number that can be used to describe the wests. In column 0(2) on that line e "included with above" and make no other entries on that line.
- 3. Repeat state 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treet and dispose of an estimated 900 por per year of chrome stavings from leather tanning and finishing operation. In addition, the facility will treet and dispose of three non—listed westes. Two we are corrosive only and there will be an estimated 200 pounds per year of each wests. The other weste is corrosive and ignitible and there will be an incinerator and dispose will be in a lendfill.

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EPA Form 3510-3 16-604

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

& USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM O(1) ON PAGE 3.

EPA I.O. NO. (enter from page 1) 후M ID 0 9 1 6 0 5 9 7 2 년

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storace. treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
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VIII. GENERAL INFORMATION	The second secon

Attach each of the following as separate attachments to the application:

- General facility description 6. Contingency plan
- 2. Chemical & physical analysis 7. Preparedness/prevention 12. Cost estimates
- Waste analysis plan
- 4. Security procedures
- Inspection schedule

- 8. Traffic information 13. Liability mechanism
 - Location information
 - 10. Training program
- 14. Financial assurance

11. Closure/post-closure pl

15. Topographic map

IX. SUPPLEMENTAL INFORMATION

Attach for all applications:

- 1. Hydrogeological report
- 2. Environmental assessment
- 3. Environmental monitoring program
- 4. Engineering plans

Attach for operating license applications only

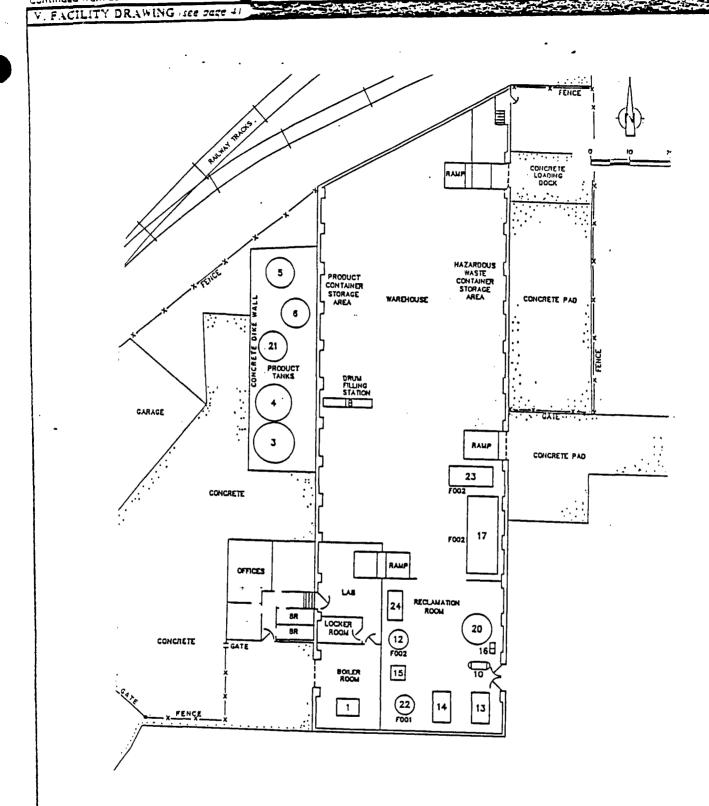
- 1. For new facilities, construction certificat
- 2. Capability certification/compliance schedul;
- 3. Proof of other permits or licenses
- Restrictive covenant (landfills only)

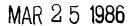
X. FACILITY SPECIFIC INFORMATION

Attach the required technical information for each of the following:

- 1. Containers
- 2. Tanks
- 3. Incineration or thermal treatment
- 4. Treatment

- 5. Surface impoundments
- 6. Waste piles
- 7. Landfills
- 8. Land treatment





Ronald E. Swan, Jr.
Senior Project Engineer
Detrex Chemical Industries, Inc.
P.O. Box 501
Detroit, Michigan 48232

RE: Amended Part A Application Detrex Chemical Industries, Inc. MID 091 605 972

Dear Mr. Swan:

The United States Environmental Protection Agency (N.S. EPA) has reviewed your letter of January 16, 1986, requesting to withdraw the tank storage units listed in your Part A hazardous waste application. According to the information which you submitted, your facility presently does not store hazardous waste in tanks for over 90 days. If, at any time since November 19, 1980, the tanks have been used to store hazardous waste over 90 days, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR 265. The tanks would therefore be subject to the closure requirements listed in 40 CFR 265 Subpart 6.

Correspondence received from your facility dated March 5, 1984, stated that solids tend to accumulate within a 5,000 gallon tank, which prevents the removal of wastes stored. Additional information addressing the removal frequency of the accumulated solids is necessary in determining the regulated status of this unit and the need for a closure plan. Therefore, we are denying your request to remove the tanks from your Part A permit application.

Your revised Part A application also requests an increase in container and treatment process design capacities. No justification explaining the need for the changes, as required in 40 CFR 270.72(b), has been submitted. The U.S. EPA is denying your request for the increases. Until such time as

U.S. EPA approves your requests, you are to continue to operate with the following regulated units and capacities:

\$01 8,000 gallons 502 4,700 gallons T06 1,800 gallons/day

If you have any questions regarding this matter, please contact Diane M. Spencer of my staff at (312) 886-3740.

Sincerely,

Y. J. Kim Acting Chief, Technical Programs Section

cc: Alan Howard/阿帆

5HS-JCK-13:WMD:SMB:TPS:MICHIGAN READ FILE:D.Spencer:G.Words:Draft Typed:3/31/86 Final Typing 3/24/86 :Corr:3/25/86

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DETREX CHEMICAL INDUSTRIES, INC.



P.O. BOX 501, DETROIT, MICHIGAN 48232

TWX 810-224-4756

TELEPHONE (313)358-5800

January 16, 1986

U.S. EPA
Technical Program Section
230 S. Dearborn Street
Chicago, IL 60604

Attention: Ms. Edith Ardiente

RECEIVED

JAN 21 1986

SOLID WASTE BRANCH U.S. EPA, REGION V

Dear Ms. Ardiente:

MID091605972 CTRTSD PA

As an associate of yours mentioned in a recent telephone conversation, our Gold Shield Facility in Detroit, MI does not store hazardous waste in tanks for 90 days or longer; it would be to our benefit to remove the tanks from our Modified Part A Permit Application. I have checked with the Branch Manager of the facility and he indicated to me that the tanks are indeed emptied in less than 90 days. Therefore, I am submitting to you a Modified Part A Permit Application which shows only drum storage of hazardous waste (and processing of the waste) at this facility.

If you have any questions or require additional information, please feel free to call.

Very traly yours.

Ronald E. Swan, Jr.

Senior Project Engineer

RES/smb

Encl.

Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 sectors (inch).	Form Approved OMB No. 158-R0175
FORM GENERAL INFORMATION	I. EPA I.D. NUMBER
Consolidated Permits Program	FMID091605972 D
GENERAL (Read the "General Instructions" before starting)	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix
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JIII. FACILITY NAME	ation carefully; if any of it is incorrect, cross through it and enter the correct data in the
	appropriate fill—in area below. Also, if any of the preprinted data is absent (the area to the
PLEASE PLACE LABEL IN THIS SPACE	left of the label space lists the information that should appear), please provide it in the
	proper fill—in area(s) below. If the label is complete and correct, you need not complete
	Items 1, III, V, and VI (except VI-B which must be completed regardless). Complete all
VI. LOCATION	items if no label has been provided. Refer to the instructions for detailed item descrip-
	tions and for the legal authorizations under which this data is collected.
II, POLLUTANT CHARACTERISTICS	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit appli	cation forms to the EPA. If you answer "yes" to any
questions you must submit this form and the supplemental form listed in the parenthesis following the	ne question. Mark "X" in the box in the third column
if the supplemental form is attached. If you answer "no" to each question, you need not submit any is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instru	of these forms. You may answer no it your activity actions for definitions of bold—faced terms.
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Attach to this application a topographic map of the area ex the outline of the facility, the location of each of its exist treatment, storage, or disposal facilities, and each well who water bodies in the map area. See instructions for precise rec	ing and proposed in ere it injects fluids	ntake and disch	rge structures, each	of its hazardous waste
XII NATURE OF BUSINESS (provide a brief description)				
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Warehouse, distribution and recla	amation of Ind	dustrial Sc	lvents.	
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		<u>.</u> .		
XIII CERTIFICATION (see Instructions)	<u> </u>			
I certify under penalty of law that I have personally exami	ned and am familia	r with the infon	nation submitted in	this application and all
attachments and that based on my inquiry of those per	sons immediately n	esponsible for a	btaining the inform	ation contained in the
application I believe that the information is true accurate	and complete I a	m aware that ti	nere are significant)	enalties for submitting
false information, including the possibility of fine and impri	sonment.			
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	1	^	C. DATE SIGNED
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R. J. Jones, Vice President	~ >** Y ' ' ' '			, 5 5 55
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3 T 0 4	5,840		CONTINUE ON F

PACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE
INCLUDE DESIGN CAPACITY.

TO4 - 5 Distillation Units.

1 @ 700 GPD

1 @ 1300 GPD

2 @ 960 GPD

1 @ 1920 GPD

- IV. DESCRIPTION OF BALAKDOUS WASTE OF BALAKDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D. for each listed hazardous waste you will handle. If you a subpart D that describes the characteries are the four-digit number D country the four-digit number of the support D that describes the characteries. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- 3. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual have for each shared in column A estimate the total annual quantity of all the control of the state of all the control of the state of all the control of the state of the sta ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which proceed that the contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which proceed that the contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled basis.
- 2. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate
- KILOGRAMS....K CODE METRIC TONS codes are:

ENGLISH UNIT OF MEASURE COD If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into

It facility records use any other unit of measure for quality, and account the appropriate density or specific gravity of the waste.

- PROCESS CODES:
 For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III 1. PROCESS CODES:

to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes from non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes.

that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the note: Four spaces are provided for entering process codes. Note: Four spaces are provided for entering process codes. It more are needed: (1) Enter the first three as described above extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by

tree than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual of the waste and describing all the processes to be used to treat store and/or discose of the waste Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste. In column D(2) on that line enter In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line more than one EPA Hazardous Waste Number shall be described on the form as follows:

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds are searched as a standard of three non-listed wastes. Two wastes are year of chrome shavings from leather tagning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Included with above and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste. EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 200 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

EXAMPLE FOR COMPLETING ITEM IV (shown in per year of chrome shavings from leather tanning and are corrosive only and there will be an estimated 200 are corrosive only and there will be an estimated 200 pounds per year of that waste. Treatment will be	finishing operation. In addition the other will pounds per year of each waste. The other will pounds per year of each waste. The other will be in a landfin an incinerator and disposal will be in a landfin an incinerator and disposal will be in a landfin an incinerator and disposal will be in a landfin an incinerator and disposal will be in a landfin an incinerator and disposal will be in a landfin an incinerator.	D. PROCESSES 2. PROCESS DESCRIPTION 3. PROCESS DESCRIPTION 4. PROCESS DESCR
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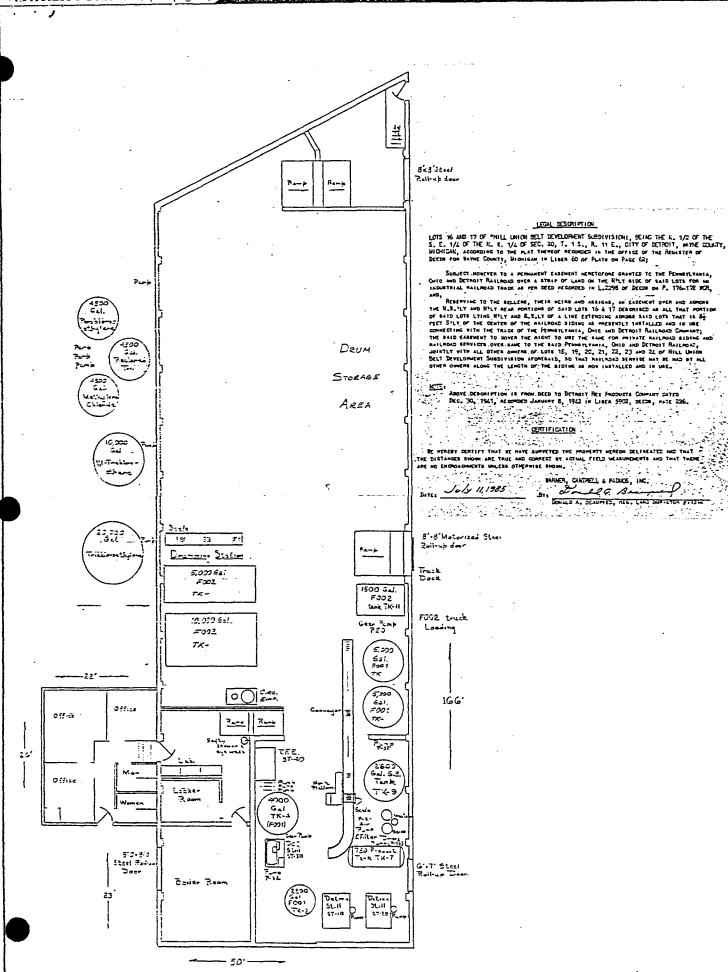
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EPA I.D. NO. (enter from page 1)						
MID091605 6						
7. FACILITY DRAWING					The second second	
All existing facilities must include in the space provided on	page 5 a scale drawin	g of the facility (see	instructions for mo	re detail).		
I. PHOTOGRAPHS				1. 1. 1. 1.		
All existing facilities must include photographs (aeri					cisting storage,	
treatment and disposal areas; and sites of future stor	age, treatment or	disposal areas <i>(see</i>	instructions for			•
VII. FACILITY GEOGRAPHIC LOCATION						
LATITUDE (degrees, minutes, & seconds,	<u>'</u>		ONGITUDE (degre	es, minutes, &	seconas)	<u>`</u>
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VIII. FACILITY OWNER						
🖾 A. If the facility owner is also the facility operator as I	isted in Section VIII	on Form 1, "Genera	l Information", pla	ce an "X" in th	ne box to the left	and
skip to Section IX below.			•			
B. If the facility owner is not the facility operator as li	sted in Section VIII	on Form 1, complete	the following iter	ns:		
1. NAME OF FACIL	.ITY'S LEGAL OWN	ER		2. PHO	NE NO. (area cod	e & no.)
7						
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3. STREET OR P.O. BOX	c T	4. CITY OR TO	NN .	5.ST.	6. ZIP CODE	
116	45 15 16			41 42	47 - 51	
X. OWNER CERTIFICATION	43 115 116		40	1 41 42	147	
certify under penalty of law that I have personally						
documents, and that based on my inquiry of those in submitted information is true, accurate, and complete						
including the possibility of fine and imprisonment.	.c. I aiii avvaic Liial	there are significa	ant penaities for t	submitting ra	ise information,	,
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R. J. Jones, Vice President	A The	, 0,14	1223,	U C	2 (2)	
X, OPERATOR CERTIFICATION						
I certify under penalty of law that I have personally						
documents, and that based on my inquiry of those in submitted information is true, accurate, and complete						
including the possibility of fine and imprisonment.				•	·	•
A. NAME (print or type)	B. SIGNATURE			C. DATE S	IGNED	
					CONTINUE O	NI PAGE E
PA Form 3510-3 (6-80)	PAGE	4 OF 5			CONTINUED	N FAGE 3

tinued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES



STATE OF MICHIGAN

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON MARLENE J. FLUHARTY STEPHEN V. MONSMA O. STEWART MYERS DAVID D. OLSON RAYMOND POLIPORE HARRY H. WHITELEY



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING BOX 30028 LANSING, MI 48909

DEC 3 0 1985

SOUD WASTE DRAWN U.S. EM. REIN V

RONALD O. SKOOG, Director

December 19, 1985

DEC 29 1985 SOLIN MASIE DUVINCH U.S. EPA, REGION V

Ms. Edith Ardiente, P.E. Chief, Technical Programs Section U.S. EPA - Region V, 5HS-13 230 S. Dearborn Street Chicago, Illinois 60604

Re: Detrex Chemical Industries

MID091605972

Dear Ms. Ardiente:

I have performed a technical evaluation of the Dextrex Chemical Industry's request for an increase in capacity, as well as alteration, of the storage methods. Under the Resource Conservation and Recovery Act, I recommend that the amended Part A be accepted; however, the facility may need to go through the construction permit process under Michigan's Act 64, as amended.

If you have any question on this matter, please contact me.

Sincerely.

James D. Roberts Environmental Engineer Technical Services Section Hazardous Waste Division 517-373-2730

cc: Mr. Alan Howard, HWD

Mr. Ken Burda/C&E File

Mr. Ben Okwumabua/Ms. Maggie Fields

Ms. Randi Kim, U.S. EPA - Region V

Ms. Mary Murphy, U.S. EPA - Region V

DETREX CHEMICAL INDUSTRIES, INC.



P.O. BOX 501, DETROIT, MICHIGAN 48232

TWX 810-224-4756

TELEPHONE (313)358-5800

October 30, 1985

United States Environmental Protection Agency RCRA Activities Section Region V P. O. Box A3587 Chicago, IL 60690

REGELVEN

NOV n 1 1985

SWD - AIS U.S. EPA, REGION V

Attention: Edith Ardiente

Chief - Technical Programs Section

Dear Ms. Ardiente:

MID091605972 C,TR,TSD, PA

Enclosed is a Revised Part A Application for our Gold Shield Solvents Division facility located at 12886 Eaton Avenue in Detroit, Michigan. The Revised Part A reflects an increase in the volume of our business at the facility (from the initial application to present day volume).

Please contact myself or Mr. Ron Swan at the above telephone number if you have any questions or are in need of additional information.

Sincerely yours,

W. G. Robrecht

Manager of Corporate Engineering

/smb

Enc1.

cc: Ms. Margaret Fields

Michigan Department of Natural Resources

MAR 21 1984

Mr. W. G. Robrecht, Manager Corporate Engineering Detrex Chemical Industries, Inc. P. O. Box 501 Detroit, Michigan 48232

Process Capacity Increase Detrex Chemical Industries, Inc. RE: MID091605972

We are in receipt of your revised Part A for the above facility. At this time the United States Environmental Protection Agency (U.S. EPA) cannot Dear Mr. Robrecht: approve a capacity increase due to a lack of justification for the increase. You are referred to 40 CFR 270.72(b), which describes the types of justification which are required before approval can be granted. A desire to increase business capacity is not sufficient justification for approval of

If you desire, you may submit a voluntary Part B Resource Conservation and a process capacity increase. Recovery Act (RCRA) permit application in order to increase your plant's hazardous waste storage capacity under a RCRA permit. You may also submit information which meets the criteria contained in 40 CFR 270.72(b) in order to increase capacity under interim status.

Please contact Mr. Michael Mutnan of my staff at (312) 886-3740 if you require further information on either or both of the above options.

sincerely. ORIGINAL SIGNED BY WILLIAM H. MINER

Technical, Permits and Compliance Section William H. Miner, Chief

cc: Alan Howard, MDNR L

bcc: Joe Boyle (S10)

3/19/84 5HW-13:MMUTNAN:SSMITH:3/16/84 **WMB** AUTHOR STU #1 STU #2 STU #3 CHIEF CHIEF

JAN 27 1984

Mr. Ron Shaw Detrex Chemical Industries, Inc. P. O. Box 501 Detroit, Michigan 48232

RE: Revised Part A
Detrex Chemical Industries, Inc.
12886 Eaton Avenue
Detroit, Michigan

Dear Mr. Shaw:

The United States Environmental Protection Agency (U.S. EPA) is in receipt of your January 16, 1984, letter and your revised Part A Application. You should be aware that the proper identification number for the above facility is MID091605972. You should revise your records to reflect this fact.

You are to provide further justification for your requested increase in container process design capacity at the above facility. You should review the requirements of 40 CFR 270.72(b) and make the showing described in that paragraph. Until such time as the U.S. EPA approves the request, you are to continue operating at your currently approved capacity of 8000 gallons.

The 5000 gallon tank you have installed will not require a permit if hazardous waste is accumulated in it for 90 days or less. You will be required to comply with 40 CFR 262.34 for this tank and the old tank will need to go through the closure procedures of 40 CFR 265.112 through 265.115 if it accumulated hazardous waste for greater than 90 days.

You should also be aware that process code TO4, which corresponds to your distillation units, is not subject to regulation if the requirements of 40 CFR 261.6 are met. It appears from your operation that you are reclaiming and recycling spent solvents and are entitled to the exemption found above.

Along with the justification for an increased design capacity, you are to amend your Part A by deleting process codes SO2 and TO4 as appropriate. You are also to identify if the old storage tank is required to go through the closure requirements. If it does, you are to submit a closure plan for the tank and the certification of closure if this has occurred.

All submittals to this Agency are to be received within 30 days of your receipt of this letter. If you have any questions, please contact Mr. Michael Mutnan of my staff at (312) 886-3740. A Part A is enclosed for your use.

Sincerely,

ORIGINAL SIGNED BY WILLIAM H. MINER

William H. Miner, Cheef Technical, Permits and Control Section

Enclosure

cc: Alan Howard, MDNR

bcc: Boyle (S10)

5HW-13:MMUTNAN:SSMITH:1/25/84

TYPIST AUTHOR STU #1 STU #2 STU #3 TPS CHIEF CHIEF CHIEF CHIEF WEND CHIEF WIND CHIEF WIN

DETREX CHEMICAL INDUSTRIES, INC.



P.O. BOX 501, DETROIT, MICHIGAN 48232

TWX 810-224-4756

TELEPHONE (313)358-5800

January 16, 1984

Region V U. S. Environmental Protection Agency 230 South Dearborn St. Chicago, IL 60604

MID 005 317 599 GITES, TSD. 9

Dear Sirs:

It is apparent that the volume of sales and, correspondingly, reclamation of spent solvents at our Detroit facility has increased substantially in the past year. Therefore, we are submitting a revised Part A Application for the plant. Also, we have installed a 5,000 gallon tank for temporary storage (less than 90 days) of still bottoms in order to dispose of the bottoms (F002 material) in bulk quantities. Upon completing of the installation, the old tanks were retired from service.

I trust the revised application is in order however, should you need additional information or assistance, please feel free to call.

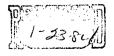
Sincerely yours,

Ron Swan

Project Engineer

RS/smb

Attach.





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11. SIC CODES (4-digit, in order of priority)		100				A STATE OF THE PARTY OF THE PAR	The second second
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(specify)		15	(specify	7			———————————————————————————————————————
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	A. NAM	E				3. Is the na	me listed in
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C. STATUS OF OPERATOR (Enter the approximately 1997) F = FEDERAL		(specify)	Olher, specify.	<i>)</i>	D. PHONE	arca code & n	0.)
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	11111	7 1 1 7			•		
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DETROIT	, , , , , , , , , , , , , , , , , , , 	7 7 7 7	N T (0 (ls the	facility located		nais?
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EXISTING ENVIRONMENTAL PERMITS							
A. NPDES (Discharges to Surface Water)		missions from F	roposed Sources)	_			
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C. RCRA (Hazardous Wasses)	15 16 17 18 F	. OTHER (spec	ifu)	16]			
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(B) 1 1 1 1 1 1 1 1 1	9 , ,		1				
L MAP X S A S A S A S A S A S A S A S A S A S	115 16 17 11						
Attach to this application a topographic map	of the area exter	nding to at lea	ist one mile bevo	nd property	bounderies. Ti	he man mus	t show
the outline of the facility, the location of eatreatment, storage, or disposal facilities, and water bodies in the map area. See instructions	ch of its existing each well where	g and propose e it injects flu	d intake and dis	charge structi	ures, each of i	ts hazardous	s waste
KII. NATURE OF BUSINESS (provide a brief descrip	otion)						
						Section 1	
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varenouse and dist	TIDUCTOR OF	HIGGSCLIA	T SOTAGUES				
•							
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XIII. CERTIFICATION (see instructions)							
I certify under penalty of law that I have per attachments and that, based on my inquir application, I believe that the information is	y of those perso s true, accurate a	ns immediate and complete.	ly responsible fo	or obtaining t	he information	on containes	d in the
falæ information, including the possibility of					16	DATE SIGNE	E.D. (
A. NAME & OFFICIAL TITLE (Type or print)	Į E.	SIGNATURE					
P I Impos Vias President		\mathbb{W}	form	-	1	- 12 - 8-	+
R. J. Jones, Vice President						The Second Se	
C			the state of the s	A Company of the Company		ليتستد المعمة عايرات	
0	<u> </u>					لِي	

U.S. ENVIRONMENTAL PROTECTION AGENCY 1. EPA I.D. NUMBER **FORM** HAZARDOUS WASTE PERMIT APPLICATION 17 Consolidated Permits Program 9 Ľ 0 05 tion is required under Section 3005 of RCRA.) FOR OFFICIAL USE ONLY and the Tarible of the same of the same APPROVED OF ME & doys COMMENTS II. FIRST OR REVISED APPLICATION Flace an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above. A. FIRST APPLICATION (place an "X" below and provide the appropriate cate) 2.NEW FACILITY (Complete item below.) 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) 71 FOR NEW FACILITIES. PROVIDE THE DATE (yr., mc., & day) OPERA-TION BEGAN OR IS FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) 6606 EXPECTED TO BEGIN FEVISED APPLICATION (place on "X" below and complete Item I above) X 1. FACILITY HAS INTERIM STATUS 12. FACILITY HAS A FORA PERMIT III. PROCESSES - CODES AND DESIGN CAPACITIES A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C). E. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process. ATOUNT — Enter the amount. 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used. APPROPRIATE UNITS OF PRO. PEO. APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS CESS MEASURE FOR PROCESS CODE DESIGN CAPACITY **PROCESS** DESIGN CAPACITY **PROCESS** Storepe: Treatment: GALLONS OR LITERS GALLONS OR LITERS CUBIC YARDS OR CUBIC METERS CONTAINER (barrel, drum, etc.) TANK GALLONS PER DAY OR T01 LITERS PER DAY GALLONS PER DAY OR 502 V. ASTE PILE 503 SURFACE IMPOUNDMENT LITERS PER DAY TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR SURFACE IMPOUNDMENT GALLONS OR LITERS INCINERATOR TOB Disposel: INJECTION WELL LITERS PER HOUR D79 D60 GALLONS OR LITERS ACRE-FEET (the volume that would cover one ccre to a OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) GALLONS PER DAY OR T04 LITERS PER DAY depth of one foot! OR HECTARE-METER ACRES OR HECTARES GALLONS PER DAY OR LITERS PER DAY GALLONS OR LITERS LAND APPLICATION OCEAN DISPOSAL SURFACE IMPOUNDMENT 083 UNIT OF UNIT OF UNIT OF MEASURE **MEASURE** MEASURE UNIT OF MEASURE CODE UNIT OF MEASURE CODE UNIT OF MEASURE CODE LITERS . TONS PER HOUR . . . METRIC TONS PER HOUR. W GALLONS PER HOUR CUEIC YARDS Y CUEIC METERS HECTARES........... EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour. 11 DUP E. PROCESS DESIGN CAPACITY B. PROCESS DESIGN CAPACITY A.PRO \simeq A. PRO CESS CODE (free list FOR 10 FOR 2. UNIT CESS 2. UNIT OF MEA OFFICIAL CODE OFFICIAL 1. AMOUNT (specify) LINE USE 1. AMOUNT SURE SURE (CHIEF USE from lis ONLY (enter ONLY abover chove coac) X-1 S 6 2 600 G 5 X-27 0 3 20 E 6 S 0 1 17,600 8 S:0.2 5,000

1,800

T 0 4

G

101

- 3 Distillation Units (T04)

300 GPD

1000 GPD

500 GPD

DESCRIPTION OF HAZARDOUS WASTES

-EFA DEZENT OUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Suppart D for each listed nazardous waste you will handle. If you handle hazardous westes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristips and or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed wastels) that will be handled vinith possess that characteristic or contaminant.

UNITIEF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE	CODE
POUNDSP	KILOGRAMS,	K
TONS	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into eccount the appropriate density or specific gravity of the waste.

PROCESSES

1. FROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the weste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess. that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by are than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns 6.C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other Erm mazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds cer year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive pally and their . Ill be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated Dipounds per year of that wisk. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT	D.	PRUCESSES
F ES WA	AZARD. ASTENO Iter code)	QUANTITY CONSTE	OF MEA-	1. PROCESS CODES (enter)	. 2. PROCESS DESCRIPTION (if a code is not entered in Del.))
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X-2 5	c o z	400	P	, 3 D 8 0	
N-3 1	01	100	P	T 0 3 2) 0	
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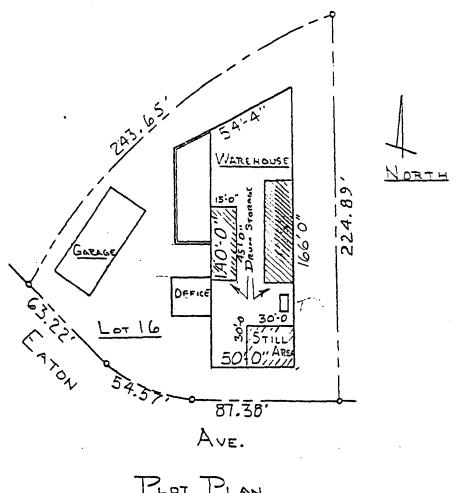
FOR OFFICIAL USE ONLY EPAN.D. NUMBER (coler from page 1) 3 1 7 5 9 9 W DÜP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C.UNIT OF MEA-SURE (cnier code) D. PROCESSES ALEPA HAZARD, WASTENO E. ESTIMATED ANNUAL QUANTITY OF WASTE 1. PROCESS CODES (Enter) I. PROCESS DESCRIPTION (if a code is not entered in D(1)) enter cooc; 25 37 - 29 [27 125 F 0 0 667,500 P S01T04 S 0 2 P F 0 0 2 222,500 3 5 6 8. 9 10 11 3.2 14 15 18 15 20 2; CONTINUE ON REVERSE 4 Ferm 3510-3 (6-80)

Form Approved CME No. 158-\$80004

ுப் Et Photocopy this page before completing if you have more than 26 wastes to list

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E ⁻ 4 (.D. NO. senter from page 1)	•	
- M:I D 0 0 5 3 1 7 5 9 9 6		\$16
TACILITY DRAWING		
 existing facilities must include in the space provided on page 5 	a scale drawing of the facility (see instructions for more	e detail).
LEHOTOGRAPHS		The Research of the Control of the C
- Lexisting facilities must include photographs (aerial or gatteatment and disposal areas; and sites of future storage, t		
· II. FACILITY GEOGRAPHIC LOCATION		
LATITUDE (degrees, minuses, & seconds)	LONGITUDE (degree	s, minutes, & seconds)
422350	8 3 1	
III. FACILITY OWNER	177 - 72 1	76 1 177
A If the facility owner is also the facility operator as listed in skip to Section IX below.	n Section VIII on Form 1, "General Information", plac	e an "X" in the box to the left and
E. If the facility owner is not the facility operator as listed in	n Section VIII on Form 1, complete the following items	s:
1. NAME OF FACILITY'S	LEGAL OWNER	2. PHONE NO. (area code & no.)
E Detrex Chemical Industries, Inc.		3 11 13 -3 15 18 -5 8 0 10
3. STREET OR P.O. BOX	4. CITY OR TOWN	5.5T. 6.21P CODE
= P. O. Box 501	G Detroit	MI 48232
IX OWNER CERTIFICATION		
' certify under penalty of law that I have personally exam documents; and that based on my inquiry of those individ submitted information is true, accurate, and complete. I a including the possibility of fine and imprisonment.	luals immediately responsible for obtaining the ir	nformation, I believe that the
A. NAME (print or type) E. 5	IGNATURE	C. DATE SIGNED
R. J. Jones, Vice President	2. A June	1-12-84
N. OPER TOR CERTIFICATION		
i centify under penalty of law that I have personally examusouments, and that based on my inquiry of those individual interest information is true, accurate, and complete. I another interest in prisonment.	duals immediately responsible for obtaining the in	nformation, I believe that the
A. NAME (print or type) B. S	IGNATURE	C. DATE SIGNED
1 21 A Form 3510-3 (6-80)	PAGE 4 OF 5	CONTINUE ON PAGE

CILITY DRAWING the page 4



TOT PLAN SCALE 1"= 60'0"

LOT 16 OF THE HILL UNION BELT SUPDIVISION OF THE N. 1/2 OF THE S.E. VAL OF THE N.W. 1/4 OF SECTION 20. TOWN ONE SOUTH, RANGE ELEVEN EAST ACCORDING TO THE PLAT THEREOF RECORDED IN THE OFFICE OF REGISTER OF DEEDS FOR WAYNE COUNTY MICHIGAN IN LIBER GO OF PLATS ON FG. 62 EXCEPT FOR PENN R. R. RIGHT OF WAY ON THE NORTHERLY SIDE OF LOT.

> GOLD SHIELD 12886 EATON AVE. DETROIT, MICH., 48227

c aceas are spaced for elite type, i.e., 12 characte	rs/inch).		Form Approved OMB No. 1:	58-R0175
M. C. Carlotte and C.	VIRONMENTAL PROTE SENERAL INFORM	CTION AGENCY	I. EPA I.D. NUMBER	T/A/S
MINISTER AND THE STATE OF THE S	Consolidated Permits P. the "General Instructions"	rogram	FM I D 09 1 6 0	05 9 7 2 D
LABEL ITEMS			GENERAL INSTR	
LEA LO ROMBER			it in the designated space ation carefully; if any of it	is incorrect, cross
III. FACILITY NAME		testest (1 / 1 / 1	through it and enter the cappropriate fill—in area bel	ow. Also, if any of
FACILITY			the preprinted data is abserted to the label space lis	ts the information
MAILING ADDRESS PLEASE	PLACE LABEL IN	THIS SPACE	that should appear), please proper fill—in area(s) belo	w. If the label is
			complete and correct, you items 1, III, V, and VI (except VI-B which
VI FACILITY LOCATION			must be completed regard items if no label has been the instructions for deta	provided. Refer to
KICKIKA			tions and for the legal at which this data is collected.	
II. POLLUTANT CHARACTERISTICS		Lake Jakak Lan	THE CITY OF STATE OF	· 通過學
INSTRUCTIONS: Complete A through J to deter	nine whether you need to	submit any permit application	forms to the EPA. If you ans	wer "yes" to any
guestions, you must submit this form and the supplied if the supplemental form is attached. If you answe				
is excluded from permit requirements; see Section C				
SPECIFIC QUESTIONS	MARK 'X'	SPECIFIC	UESTIONS	MARK 'X'
A is this facility a publicly owned treatment.	works		(either existing or proposed)	
which results in a discharge to waters of the (FORM 2A)	X		n facility which results in a	X
C is this a facility which currently results in disc		D. Is this a proposed facility	(other than those described	19 20 21 X
A or B above? (FORM 2C)	22 23 24	waters of the U.S.? (FOR	will result in a discharge to M 2D	.25: 26 ad : 27
E. Does or will this facility treat, store, or disp	ose of X X	municipal effluent below	t at this facility industrial or the lowermost stratum con-	$ _{\mathbf{X}} $
	28 29 12-30		rter mile of the well bore, rinking water? (FORM 4)	-31(a) (32) (a) 33
G. Do you or will you inject at this facility any pro water or other fluids which are brought to the s	urface		at this facility fluids for spe- ining of sulfur by the Frasch	
in connection with conventional oil or natural gas duction, inject; fluids used for enhanced recov	ery of	process, solution mining	of minerals, in situ combus- overy of geothermal energy?	x
oil or instural gas, or inject fluids for storage of hydrocarbons? (FORM 4)	234 258 200 300 300	(FORM 4)		237 382 2 39 22
L Is this facility a proposed stationary source will one of the 28 industrial categories listed in testructions and which will potentially emit 100	he in-	NOT one of the 28 indu	d stationary source which is ustrial categories listed in the will potentially emit 250 tons.	
per year of any air pollutant regulated und	er: the X	per year of any air pollut	ant regulated under the Clean or be located in an attainment	X
attainment area? (FORM 5) III. NAME OF FACILITY	40 40 42	area? (FORM 5)		.4344 45
SKIP DETREX CHEM I	CAL INDUS	TRIES, INC.		
18 16 - 20 20		TRIED, INC.		60
IV. FACILITY CONTACT	last, first, & title)		PHONE (area code & no.)	er handeliker in
ROBRECHT, WILL, M	GR. CORP.	E N G R. 31	3 3 5 8 5 8 0 0	
V: FACILITY MAILING ADDRESS		45 46	48 49 - 51 52 - 55	1000年100日
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VI FACILITY LOCATION	the state of the s	47.51	11	
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B. COUNTY NAME		40		
WAYNE				
C. CITY OR TOWN		D.STATE E. ZIP COD	F F. COUNTY CODE	
6 DETROIT		M'I 4'8'2'2	7	
18 16 EPA Form 3510-1 (6-80)		49 41 42 47	31 32 - 34	

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VII. SIC CODES (4-digit, in order of priority)	g. TO	general and the second	
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5 2 8 6 9 (specify)	7	specify)	
C. THIRD	15 16 - 19	D. FOURTH	
(specify)		specify)	
7	7		
VIII: OPERATOR INFORMATION	15 16 - 19		
The State of t	更加的最高的。 1	TATRICAL ESSENCIAL CARREST CONTRACTOR	B. Is the name listed in
			item Vill-A also the
8 DETREX CHEMICAL INDUS	STRIES, I	N C.	YES INO
· 10 10 10 10 10 10 10 10 10 10 10 10 10	2-12-12-12-12-12-12-12-12-12-12-12-12-12	And the Art Server	
C. STATUS OF OPERATOR (Enter the appropriate letter into the	e answer box; if "Other", s	pecify.) 2 See D. PH	ONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	(specify)	A 3 1 3	
E STREET OR P.O. BOX		15 10 - 1	
P 0 B 0 X 5 0 1			
F. CITY OR TOWN	G.STATE	H. ZIP CODE IX, INDIAN LA	AND
		Is the facility l	ocated on Indian lands?
B DETROIT	M I I	4 8 2 3 2	NO^*
	40 41 42 4	7 5 - 25 11	
X. EXISTING ENVIRONMENTAL PERMITS		and the state of t	education of the same and the same and the same and
WA. NPDES (Discharges to Surface Water) D. PSD (Air Em	nissions from Proposed Sou	rces) !-	
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B. U.C (Underground Injection of Fluids)	OTHER (specify)	(specify)	ALC: No. 1.
9 0 9		(specify)	
C. RCRA (Hazardous Wastes)		10	
<u> </u>	d the said t	(specify)	Little Bart - State Comment of Free Comment Bart Day
9 8 9	المرادات المسامل المسامل	30	
XI-MAP	•	30	
Attach to this application a topographic map of the area exten	ding to at least one mile	heyond property hounder	ies The man must show
the outline of the facility, the location of each of its existing			
treatment; storage, or disposal facilities, and each well where	it injects fluids undergr	round. Include all springs,	rivers and other surface
water bodies in the map area. See instructions for precise requir	rements.	于1000000000000000000000000000000000000	
XII NATURE OF BUSINESS (provide a brief description)			
		Calmonta	
Warehouse, Distribution and Reclamation	n of industrial	sorvents.	
XIIII CERTIFICATION (see Instructions)			
	Totale parameter and the second and the	a visibility o servet territorial distribution of animal visibility of the servet of t	the property of the property o
L certify under penalty of law that I have personally examined attachments and that based on my inquiry of those person	d and am tamiliar with t	ne information submitted in the information in the	n this application and all
actachments and mate passo on my inquiry of those person application is believe that the information is true, accurate a	nd complete: I am awai	re that there are significant	penalties for submitting
false information, including the possibility of fine and imprisor			
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R. J. Jones, Vice President	exabit of		10-67 03
COMMENTS FOR OFFICIAL USE ONLY			
de la	A STATE OF THE STA		

U.S. E PONMENTAL PROTECTION AGENCY HAZARDUS WASTE PERMIT APPLICATION Consolidated Permits Program

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SPACE FOR ADDITIONAL PROCESS CODES ON FOR DESCRIBING OTHER PROCESSES (code "Tot"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

- 1 S600 Still @ 1,000 Gal/Day
- 1 S350 Still @ 500 Gal/Day
- 1 DCI Still @ 1,000 Gal/Day
- 1 Wiped Film Evap. @ 960 Gal/Day
- 1 Experimental Still @ 2,400 Gal/Day

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristical describes wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristical describes wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristical describes wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristical describes wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristical describes wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristical describes when the four-digit number(s) from 40 CFR, Subpart C that describes the characteristic describes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart D,
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

EASURE - For each quantity entered in	CODE
	METRIC UNIT OF MEASURE
COOL	METRIC UNIT OF MEAGOTE KILOGRAMS, M METRIC TONS
	METRIC TONS
POUNDS.	on must be converted into one of the required units of measure

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

), PROCESSES

- ILIBIG CRUSITA CI Shedire Arasis. For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III 1. PROCESS CODES:

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes to indicate how the waste will be stored, treated, and/or disposed of at the facility. contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the

extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.
- NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER Hazardous wastes that can be described by
- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual more than one EPA Hazardous Waste Number shall be described on the form as follows:
 - Delect one of the EFA mazardous waste numbers and enter it in column A. On the same line complete columns B.O., and D by estimating the total amount and the waste and describing all the processes to be used to treat, store, and/or dispose of the waste. In column D(2) on that line enter in column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter the other enter the other EPA Hazardous Waste Number that can be used to describe the waste.

Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

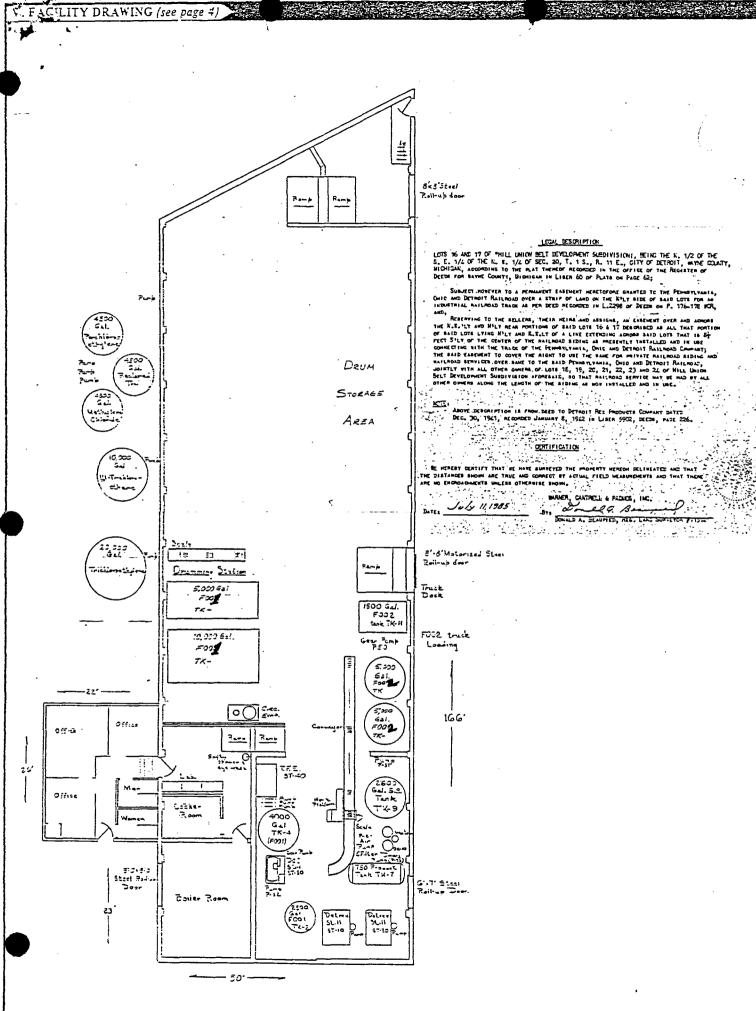
EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds PERMITTE FUR CUMPLETING ITEM IV ISNOWN IN line numbers A-1, A-2, A-3, and A-4 Delow) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an inciparator and disposed will be in a leadfill

Opounds per year	of that waste. Treatment will be	ness from leather tanning and finishing operation. In the street tanning and		PROCESSES
A. EPA HAZARD.	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA-	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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2 D O O	1		T 0 3 D 8 0	
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Ontinued from the front. IV. DESCRIPTION OF HAZARDOUS WAS (co.		p ·		
E, USE THIS SPACE TO LIST ADDITIONA PRO	ntinued) CESS CODES FR	OM ITEM D(1) ON PAC		
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EPA I.D. NO. (enter from page 1)				٠٠ س
= M I D 0 9 1 d 0 9 97 2 17/4 5				
13 14 15				
V. FACILITY DRAWING All existing facilities must include in the space provided on a	page 5 a scale drawin	g of the facility (see instructions	s for more detail).	
VI. PHOTOGRAPHS		, , , , , , , , , , , , , , , , , , , ,		
All existing facilities must include photographs (aeric treatment and disposal areas; and sites of future stor				g storage,
VII. FACILITY GEOGRAPHIC LOCATION	age, treatment or	disposal aleas (see instructio	ins for more detail).	
LATITUDE (degrees, minutes, & seconds,)	LONGITUD	E (degrees, minutes, & secon	ıds)
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VIII. FACILITY OWNER		72	- 74 75 76 77 - 79	
A. If the facility owner is also the facility operator as I	isted in Section VIII	on Form 1, "General Information	on", place an "X" in the box	k to the left and
skip to Section IX below.				
B. If the facility owner is not the facility operator as it	isted in Section VIII	on Form 1, complete the follow		
	ITY'S LEGAL OWN	IER	2. PHONE N	O. (area code & no.)
Detrex Chemical Industries, Inc	2.		3 1 3 3	5 8 5 8 0 0
3. STREET OR P.O. BOX	c	4. CITY OR TOWN	5. ST. 6	. ZIP CODE
P. O. Box 501	G 45 15 15	Detroit	M I 4	8 2 3 2
X. OWNER CERTIFICATION				
i certify under penalty of law that I have personally documents, and that based on my inquiry of those in	examined and am	familiar with the information	on submitted in this and a	all attached ieve that the
submitted information is true, accurate, and complete	te. I am aware tha	t there are significant penalt	ies for submitting false in	formation,
including the possibility of fine and imprisonment.	r=		Lo Di TE CIONE	
A. NAME (print or type)	B. SIGNATURE		C. DATE SIGNE	
R. J. Jones, Vice President	Kobrit	John	10-24	<i>∟97</i>
X, OPERATOR CERTIFICATION				
I certify under penalty of law that I have personally documents, and that based on my inquiry of those in	examined and am ndividuals immedi	familiar with the information ately responsible for obtaining	on submitted in this and a ing the information, I bel	all attached leve that the
submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	te. I am aware tha	t there are significant penalt	ies for submitting false ir	nformation,
A. NAME (print or type)	B. SIGNATURE		C. DATE SIGNE	.D
- Ver				
3PA Form 2510.2 (6.90)			CC	ONTINUE ON PAGE 5

EPA Form 3510-3 (6-80)



DETREX CHEMICAL INDUSTRIES, INC.



P.O. BOX 501, DETROIT, MICHIGAN 48232

TWX 810-224-4756

March 5, 1984



U. S. Environmental Protection Agency Region V 230 South Dearborn St. Chicago, IL 60604

Attention: W. H. Miner

Re: Revised Part A

Detrex Chemical Industries, Inc. MID 091 605 972 6, TRS, TSD, PA

12886 Eaton Avenue Detroit, MI 48227

Dear Mr. Miner:

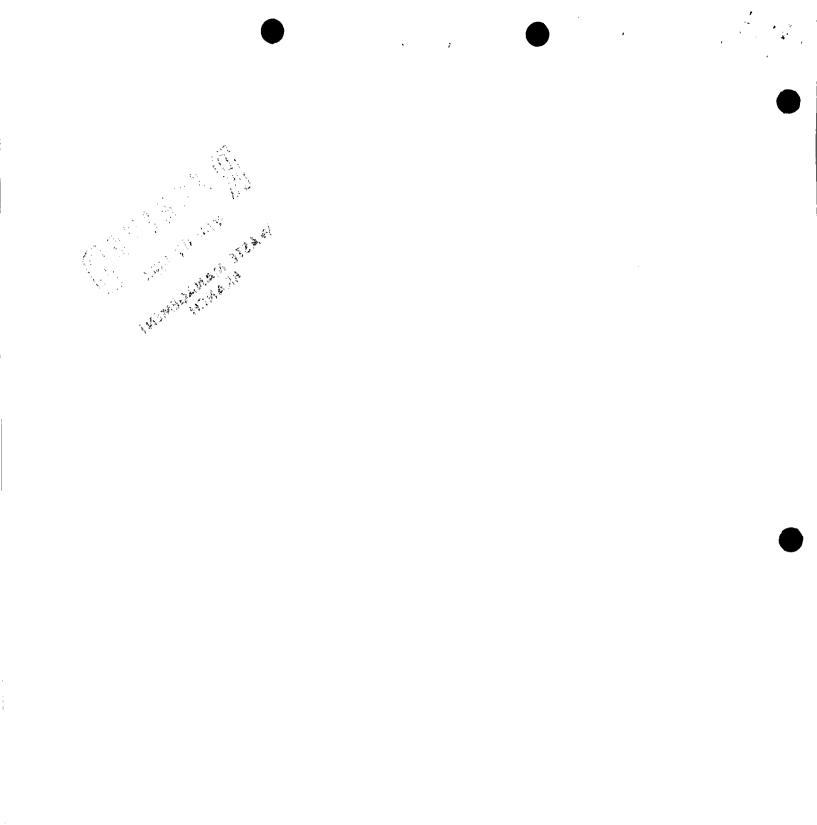
Enclosed is a revised Part A application including the proper EPA identification number.

We appreciate your comments with respect to the 5000 gallon tank and the distillation unit.

As to the 5000 gallon tank which is used for F002 material; normally the contents of this tank would "turn over" in less than 90 days, however, there is no way we can be positive that material placed there on day 1 will be in fact gone by the 90th day since the contents are normally removed in 3500 gallon increments with new materials being added to it on a daily basis. Furthermore, the nature of the material is such that solids tend to accumulate. When this happens it may not be possible to remove 3500 gallons at a time. We therefore feel that it would be more prudent to include the tank.

We have recognized from the beginning of RCRA that the stills are not subject to permitting; nevertheless, in order to properly complete a Part A application it seems to us that the process <u>information</u> is required in order to distinguish between a facility that merely stores and one which does treatment.

As to the requested increased storage capacity of drums: when the original Part A application was submitted in November, 1980, the volumes were estimated, based on the traditional recycling business that we had been doing for many years. Since that time, due to the RCRA impact, we have found that those estimates are no longer adequate considering additional business and allowance for equipment breakdown and maintenance; therefore, we are requesting additional storage capacity.



Page 2

With respect to the old storage tanks: these tanks were used for temporary storage only (less than 90 days) and therefore are not considered subject to the closure requirements.

We believe that the foregoing addresses your concerns but should you require further information or clarification, please contact me.

Sincerely,

W. G. Robrecht

Manager of Corporate Engineering

WGR/smb

Encl.

. FORM	U ENVIRONMENTAL PROT	the state of the s	I. EPA I.D. NUMBER	
1 SEPA	GENERAL INFOR		FMID09160	5 9 7 2 D
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			it in the designated space, ation carefully; if any of it	is incorrect; cross
III. FACILITY NAME			through it and enter the cappropriate fill—in area bel	
FACILITY	/////	ECEINED / /	the preprinted data is absent left of the label space lis	
MAILING ADDRESS PL	EASE PLACE LABEL II	Y THIS SPACE	that should appear), please proper fill—in area(s) belo	•
		JX 9/8 1/8 X / / /	complete and correct, you items 1, III, V, and VI (need not complete
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VI. LOCATION	A August	MANNE PAISE BEING IN	items if no label has been the instructions for deta	iled item descrip-
			tions and for the legal at which this data is collected.	
II. POLLUTANT CHARACTERISTICS	Anna Land Control of the Control	ALL MANAGERS	Carlon Carlos	Stranger House
INSTRUCTIONS: Complete A through J to	determine whether you need to	o submit any permit application	n forms to the EPA. If you ans	wer "yes" to any
questions, you must submit this form and ti	ne supplemental form listed in the	he parenthesis following the que	estion. Mark "X" in the box in:	the third column
if the supplemental form is attached. If you is excluded from permit requirements; see Sec.	ction Cof the instructions. See al	you need not submit any of the Iso, Section D of the instruction	se forms. Tou may answer no s for definitions of bold—faced	terms.
SPECIFIC OUFSTIONS	MARK 'X'			MARK 'X'
	TES NO ATTACHE	D The state of the	(either existing or proposed)	YES NO ATTACHE
A. is this facility a publicly owned treat which results in a discharge to waters	of the U.S.?	include a concentrated	animal feeding operation or on facility which results in a	
(FORM 2A)	X X	discharge to waters of the		X X
C. Is this a facility which currently results to waters of the U.S. other than those			y (other than those described will result in a discharge to	
A or B above? (FORM 2C)	221 23 24 26	waters of the U.S.? (FOR		25 26 27-
E. Does or will this facility treat, store, of hazardous wastes? (FORM 3)	Carried State Control of the Control	municipal effluent below	v the lowermost stratum con-	
And the second s	X X		arter mile of the well bore, a drinking water? (FORM 4)	X 32 33
G. Do you or will you inject at this facility a water or other fluids which are brought a	ny produced		t at this facility fluids for spe-	
in connection with conventional oil or na duction, inject fluids used for enhanced	tural gas pro-	process, solution mining	nining of sulfur by the Frasch of minerals, in situ combus-	}
oil or natural gas, or inject fluids for sto hydrocarbons? (FORM 4)	rage of liquid	tion of fossil fuel, or red (FORM 4)	covery of geothermal energy?	X
L. Is this facility a proposed stationary sou	irce which is		ed stationary source which is	37 g - 38 G ₂₀₀ - 39 // C
one of the 28 industrial categories liste structions and which will potentially er	nit 100 tons	instructions and which v	ustrial categories listed in the will potentially emit 250 tons	
per year of any air pollutant regulate Clean Air Act and may affect or be it			ant regulated under the Clean or be located in an attainment.	l x
attainment area? (FORM 5)	740 41 42 42 W	area? (FORM 5)	teratura di kalangan di kanangan di ka Kanangan di kanangan di ka	-43° (34 ° 270-45 °C)
C				
DETREX CHEM	I CAL INDUS	STRIES,, IN	<u>.C.,</u>	
IV. FACILITY CONTACT				
	ITLE (last, first, & title)		. PHONE (area code & no.)	Legisland
2 ROBRECHT WILL	MGR CORP	ENGR. 3,1	3 3 5 8 5 8 0 0	
V. FACILITY MAILING ADDRESS				
A. STRI	EET OR P.O. BOX			工艺的
3 P.O. B.O.X. 5.0.1				
B. CITY OR	TOWN	C.STATE D. ZIP CO	DE]	
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VI. FACILITY LOCATION	OR OTHER SPECIFIC IDENTIF	Francisco	A Company of the Comp	et. Die matterier det de la section de
		The state of the s		
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B. COUNTY N.	AME	THE TAX PARTIES AND THE PARTIE	₩ 3/8/2	"脚"
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C: CITYOR	TOWN	D.STATE E. ZIP COL	DE F. COUNTY CODE	
6 DETROIT		, , , , , , , , , , , , , , , , , , , 	7 (if known)	
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SIC CODES (4-digit, in order of priority)		
A. FIRST	c (specify)	B. SECOND
- 2 8 6 9 (speedy)	7	
C, THIRD	15 16 - 19	D. FOURTH
(specify)	c (specify)	
7 1	15 16 - 19	
VIII, OPERATOR INFORMATION	本·多尔·马克斯特 (1000年) (1000年)	
	NAME .	B. is the name listed in item VIII-A also the
EDETREX CHEMICAL IND	U STRIES INC.	owner?
DETREX CHEMICAL IND	<u> </u>	WYES NO
C. STATUS OF OPERATOR (Enter the appropriate letter in		D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state)		5 1 2 1 2 5 2 5 2 6
S = STATE O = OTHER (specify) P = PRIVATE	P 30	A 3 1 3 3 5 8 5 8 0 0
E. STREET OR P.O. BOX		
P O BOX 501	The second se	
and the second control of the second control	58	A CONTRACTOR OF A STANDARD CONTRACTOR OF THE STA
F. CITY OR TOWN	(所名と) Too G.STATE H. ZIP CC	Is the facility located on Indian lands?
BDETROIT	MI 482	\ \text{Proof of the control of the cont
	500 (1970) 10 (1940) 144 (1942) 147 (1940) 147	52
X. EXISTING ENVIRONMENTAL PERMITS		
A. NPDES (Discharges to Surface Water) A. D. PSD (Air Emissions from Proposed Sources)	
~ 4~1~1~1~1		
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B. UIC (Underground Injection of Fluids)	E. OTHER (specify)	
9 0		(specify)
15 16 17 18 30 15 16 37 19	E. OTHER (specify)	
C. ACRA (Hazardous Wastes)		(specify)
9 R 9 9	1	
20 16 17 13 30 16 16 17 33 XI, MAP		
Attach to this application a topographic map of the area	extending to at least one mile beyond	property bounderies. The map must show
the outline of the facility, the location of each of its exi	sting and proposed intake and disch	arge structures, each of its hazardous waste
treatment, storage, or disposal facilities, and each well w	here it injects fluids underground. I	nclude all springs, rivers and other surface
water bodies in the map area. See instructions for precise r	equirements, samplings over the same of	
XII. NATURE OF BUSINESS (provide a brief description)		
•	·	
Warehouse and distribution of i	ndustrial solvents.	
•		
·		
·		•
XIII, CERTIFICATION (see instructions)		
certify under penalty of law that I have personally exam	mined and am familiar with the infor	mation submitted in this application and all
attachments and that based on my inquiry of those of	ersons immediately responsible for	obtaining the information contained in the
	ate and complete. I am aware that t	here are significant penalties for submitting
application, I believe that the information is true, accura		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
application, believe that the information is true, accurately information, including the possibility of fine and imp	8 8 9 9 1 To 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C DATE SIGNED
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. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES O

OR DESCRIBING OTHER PROCESSES (code "T

FOR EACH PROCESS ENTERED HERE

(TO4) - 3 Distillation Units

1 @ 300 GPD

1 @ 1000 GPD

1 @ 500 GPD

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- 3. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual pasis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE	CODE
POUNDSP	KILOGRAMS	K
TONS	METRIC TONS	, M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

-	A. EPA		C. UNIT		D. PROCESSES
LINE NO.	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	. 900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	$D \mid 0 \mid 0 \mid I$	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continu NOTE:	ied i Pho	fror	n pa	age ⁄th	2. is page before completing if	have	mor	e t	han	26	wa	stes	to li:	st.						Form Approved OMB No. 158-S80004
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W M					1605972 1			71	W	-				D	U	P	7.00			2 DUP 13 14 15 23 - 26
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LINE NO.	HA WA (en	ST ter	E N	(0) (c)	QUANTITY OF WASTE	0	unter ode)									DES				2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$)
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EPA I.D. NO. (enter from page 1)							,
MID 091605972 6							
V. FACILITY DRAWING	are of						
="existing facilities must include in the space provided on pa	ge 5 a sc	ale drawing of	the facility (see instruct	ions for more de	tail).		
All existing facilities must include photographs <i>laerial</i> treatment and disposal areas; and sites of future storage							
VII. FACILITY GEOGRAPHIC LOCATION		i e e e e e e e e e e e e e e e e e e e					
LATITUDE (degrees, minutes, & seconds)	·		LONGIT	UDE (degrees, r	inutes, d	seconds)	-
4 2 2 3 5 0				8 3 1) 2 2	79	
VIII. FACILITY OWNER					Server L		
A. If the facility owner is also the facility operator as list skip to Section IX below.	ted in Se	ction VIII on F	Form 1, "General Inform	nation", place ar	n "X" in	the box to the left and	1
B. If the facility owner is not the facility operator as list	ed in Sec	tion VIII on F	orm 1, cornplete the fo	llowing items:			
1. NAME OF FACILI	TY'S LE	GAL OWNER			2. PH	ONE NO. (area code &	no.)
Detrex Chemical Industries, Inc.				55	3 1 3	3 5 8 - 5 8	00
3. STREET OR P.O. BOX			. CITY OR TOWN		ST.	6. ZIP CODE	
P. O. Box 501	Ğ	Detroit	<u> </u>	M	I	48232	
IX. OWNER CERTIFICATION			Section to the Co	1.10			14 K.
. certify under penalty of law that I have personally excouments, and that based on my inquiry of those including the possibility of fine and imprisonment.	lividuals	: immediately	responsible for obta	ining the info	rmation	, I believe that the	
A. NAME (print or type)	B. SIGN	ATURE		C	. DATE !	SIGNED	
R. J. Jones, Vice President	R	1) Jones			3-1-	84	
X, OPERATOR CERTIFICATION							
certify under penalty of law that I have personally exposuments, and that based on my inquiry of those incommitted information is true, accurate, and complete according the possibility of fine and imprisonment.	dividuals	s immediately	/ responsible for obta	aining the info	rmation	, I believe that the	•
4. NAME (print or type)	B. SIGN	ATURE			DATE	SIGNED	
EPA Form 3510-3 (6-80)		PAGE 4 C)F 5			CONTINUE ON F	AGE 5

E USE THIS SPACE TO LIST ADDITIONAL ROCESS CODES FROM ITEM D(1) ON PAGES.

DETREX CHEMICAL INDUSTRIES, INC.



i, 388

P.O. BOX 501, DETROIT, MICHIGAN 48232

EXECUTIVE OFFICE

TELEPHONE (313) 358-5800

TWX 810-224-4756

November 18, 1980

EPA Region V RCRA Activities P. O. Box 7861 Chicago, IL 60680

Gentlemen:

Enclosed is an Application for a Hazardous Waste Permit for our facility at:

12886 Eaton Ave. Detroit, MI 48227

If there are any questions, please contact me.

Very truly yours,

W. G. Robrecht

Assistant Manager, Corporate Engineering

WGR:ss

Enclosure

CONTINUED FROM THE FRONT			
VII, SIC CODES (4-digit, in order of prierity)			
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TI FORESCHAFT	45 (60 30 30)		
VIII. OPERATOR INFORMATION			
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C. STATUS DE OPENATOR (Enter the appropriate letter into the answer	box; if "Other",	apacify.	PHONE (area code & no.)
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P: 0. B. 0. X 5. 0. 1			
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9 7		(specify)	
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X			
Attest in this application a sprographic map at the area as an applica- me burging of the facility. The speaken or each of as existing and pe		He official draph by body	
treatment, storage, or disposal facilities, and each well where it injec-	ts fluids under		
water bodies in the mepares. See the nuclians for predice requirements			
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WAREHOUSE AND DISTRIBUTION OF	INDUSTRIAL	SOLVENTS	•
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	okko:t-eniek	Contract to the second second	
A. NAME & OFFICIAL TITLE (type or print) B. SIGNATU	ide (1)		C, DATE SIGNED
	U V		
R. J. Jones, Vice President \mathcal{K}	J. 1/2	nu.	11-14-80
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

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C. SPACE FOR ADDITIONAL PROCESS CODES OF FOR DESCRIBING OTHER PROCESSES (code~"T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

((TO4)) - 3 Distillation units

I @ 300 GPD

1 @ 1000 GPD

500 GPD

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hezardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number/s/ from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDS	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility. For non-listed hazardous wastes: For each characteristic or toxic contaminent entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess

that characteristic or toxic contaminant. Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual

quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	1	A, EPA		_			C. UNIT		1	D. PROCESSES									
LINE NO.	HAZARD. WASTENC			R I	0.				OF MEA- SURE (enter code)				1. P	ROC	ES ent	s cobe er)	s	2. PROCESS DESCRIPTION (if a code is not entered in $D(I)$)	
	K	0),	5	4	900			P	T	0	3	D	8	0				
X-2		0	7	0	2	400			P	T	0	3	D	8	0		7 7		
X-3	L) (7	0	1	100			P	T	0	3	D	8	0				
X-4	1		0	0	2						1	1		T	-	1 1		included with above	

Form Approved OMB No. 158-\$80004

EPA I.D. NUMBER (enter from page 1)				/	1	1		FOR OFFICIAL USE ONLY								
W M		0 0		11605972	7	7.		w				DŲ	<u>P</u>		DUP	A+I+I+I
.V. I				ON OF HAZARDOUS WAST						4.0		7, 7, 1	· · · · · · ·	2 1 1 1 1	D. PROCESSES	
LINE NO.	A. EPA HAZARD. B. ESTIMATED ANNUA WASTENO QUANTITY OF WASTE (entercode)		QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)		5			1. PROCESS CODES (enter)			DES		2. PROC (if a code	ESS DESCRIPTION is not entered in D(1))	
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EPA F	orm .	351	0-3	(6-80)												CONTINUE ON REVERSE

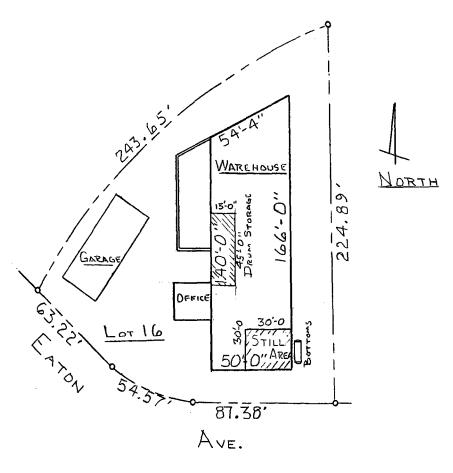
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)



PLOT PLAN SCALE 1"=60'0"

LOT 16 OF THE HILL UNION BELT SUBDIVISION OF THE N. 1/2 OF THE S.E. 1/4

OF THE N.W. 1/4 OF SECTION 20. TOWN ONE SOUTH, RANGE ELEVEN

EAST ACCORDING TO THE PLAT THEREOF RECORDED IN THE OFFICE OF REGISTER

OF DEEDS FOR WAYNE COUNTY MICHIGAN IN LIBER 60 OF PLATS ON PG.62

EXCEPT FOR PENN R.R. RIGHT OF WAY ON THE NORTHERLY SIDE OF LOT.

GOLD SHIELD 12886 EATON AVE. DETROIT, MICH, 48227









Still

Purple tint indicates extension of urban areas